

Commonwealth of Kentucky
Office of Insurance
CITY, COUNTY, OR URBAN COUNTY GOVERNMENT INSURANCE PREMIUM TAX
ANNUAL RECONCILIATION

DUE: MARCH 31

For the year:	Name of City, County or Urban County Govt.:
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FILER INFORMATION

Complete either the information for a direct writer or surplus lines broker depending upon the filer type.

Direct Writer	Surplus Lines Broker
	If coverage was exported pursuant to KRS 304.10, please complete the following:
Insurance Company Name:	Individual Broker Name:
Street Address:	Name of Broker Firm/Agency:
City, State, ZIP:	Street Address:
Phone:	City, State, ZIP:
FEIN:	Phone:
NAIC No:	Office of Insurance License ID No:
Person responsible for preparing return:	
Name:	Phone:
Title:	E-mail Address:
Street Address:	City, State, ZIP:

SECTION I

	(1) Established Tax Rate %	(2) Premiums Collected	(3) Tax Payable [(1) x (2)]	(4) Collection Fee	(5) Amount Collected From Policyholders	(6) Additional Tax Due or (Overpayment)
1st Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						
2nd Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						
3rd Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (LGT 142)						
Total						

SECTION I (Continued)

	(1) Established Tax Rate %	(2) Premiums Collected	(3) Tax Payable [(1) x (2)]	(4) Collection Fee	(5) Amount Collected From Policyholders	(6) Additional Tax Due or (Overpayment)
4th Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						
ANNUAL TOTALS						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						

SECTION II**COMPUTATION OF ADDITIONAL PAYMENT DUE**

(Do not complete if no additional tax is due for any quarter.)

Quarter	Tax Balance Due	Annual Interest Rate	Interest Due	Total Tax and Interest Due	Date Tax Was Paid
1st					
2nd					
3rd					
4th					
Total					

SECTION III**Carrier Listing for Exported Coverage**

If reporting as a surplus lines broker pursuant to KRS 304.10, please list the carriers that supplied the coverage for which the premiums and taxes are being reported.*

Carrier Name	NAIC No.	Annual Premium Collected	Municipal Taxes Collected	Carrier Name	NAIC No.	Annual Premium Collected	Municipal Taxes Collected

*If additional space is needed to list exported carriers, please list the carrier name, NAIC number, and the amount of annual premium collected on a separate sheet of paper and submit the information with the completed Form LGT 141.

**Section IV
Certification**

I hereby certify that the information provided is an accurate statement of the premiums collected and that the true and correct amount of taxes due have been remitted to the city, county, or urban county government named above..

(Signature of Person Responsible For Preparing This Return)

(Date)